### **ATTACHMENT C**

# DENTAL PROGRAM PERMITTING EVENT CODES/DATES

**EFFECTIVE DATES RULES:** STANDARD First day of the month after the STD. 692 is received by the

employing department. Example: Received 3/5 Effective

4/1

<u>MANDATORY</u> First day of the month following the event.

### **NEW ENROLLMENTS**

Permitting Event	Permitting Event Code	Permitting Event Date	Effective Date of Action	Time Limit to File Document	
New employee/eligible appointment, reinstatement from retirement, transfer from State Fair districts or Legislative branches.	01	Appointment Date	Standard	60 days from appointment date	
Enrollment of self, or self and dependents, after coverage as a dependent terminates for any reason (e.g., divorce, loss of spouse, etc.) except voluntary cancellations.	05	Date other coverage ended	Mandatory	60 days from event	
Enrollment of employee who was off active pay status during entire open enrollment period (includes return from military leave).	07	Date of return to pay status	Standard	60 days from return to active pay status	
Enroll or change from prepaid to indemnity plan after completion of required prepaid restriction period (includes CAHP and CCPOA plans).	08	Date prepaid restriction period ends	Standard	60 days from date prepaid restriction period ends	

# DENTAL PROGRAM FAMILY MEMBER ADDITIONS

Permitting Event	Permitting Event Code	Permitting Event Date	Effective Date of Action	Time Limit to File Document
Add upon return to active pay status after being off during entire open enrollment period (includes return from military leave).	15a	Date of return to pay status	Standard	60 days from event
Change of custody or adding child who has become economically dependent on employee including economic dependency created through a court order.	16	Date of custody change or economically dependent child is acquired	Standard	60 days from event
New spouse, domestic partner and/or stepchild to a one party enrollment.	17a	Date family member acquired	Standard	60 days from event
Spouse, domestic partner and/or dependents that lost coverage to a one party enrollment (except voluntary cancellations). (*)	17b	Date other coverage ended	Mandatory	60 days from event
Return from military leave.	18	Date of return	Standard	60 days from event
Newborn, adopted child, or a child at age 3 to a one party enrollment.	19	Date of birth, physical custody or 3rd birthday	Standard	60 days from event
New spouse, domestic partner and/or stepchild to a two or more party enrollment.	21a	Date family member acquired	Standard	60 days from event
Spouse, domestic partner and/or dependents that lost coverage to a two or more party enrollment (except voluntary cancellations). (*)	21b	Date other coverage ended	Mandatory	60 days from event
Newborn, adopted child, or a child at age 3 to a two or more party enrollment.	22a	Date of birth, physical custody or 3rd birthday	Standard	60 days from event

<sup>(\*)</sup> For the addition of domestic partners who are considered "economic dependents" for tax purposes, when this partner is added to benefits, the party code must also be changed from a 2 party code to the "A" code and from a 3 party (denotes 3 or more party code) to a "B" code.

## DENTAL PROGRAM DELETION OF CHILDREN

Permitting Event	Permitting Event Code	Permitting Event Date	Effective Date of Action	Time Limit to File Document
Change in custody.	23a	Date custody changed	Mandatory (*)	No time limit
Obtains other group coverage (NOT Statesponsored plan).	23b	Date other coverage begins	Standard	No time limit
Child's 18th birthday (Voluntary deletion).	23c	18th birthday	Standard	No time limit up to age 23
Child entering military service.	26a	Date of entry	Mandatory (*)	No time limit
Marriage of child (Mandatory Deletion).	26b	Date of marriage	Mandatory (*)	No time limit
Death of child (Mandatory Deletion).	26c	Date of death	Mandatory (*)	No time limit
Child's 23rd birthday, unless disabled (Mandatory Deletion).	26d	23rd birthday	Mandatory (*)	No time limit
Child enrolling as an employee in State- sponsored dental plan (Mandatory Deletion).	26e	Day before new coverage begins	Mandatory (*)	No time limit
Child no longer economically dependent (Mandatory Deletion).	26f	Date of change in dependency	Mandatory (*)	No time limit
Child under age 3 (may not re-enroll until open enrollment or age 3).	26g	Date document signed	Standard	Up to age 3

<sup>(\*)</sup> No time limit but document should be processed promptly. Employees will be responsible for any claims incurred on or after the effective date for retroactive mandatory deletions. Retroactive processing is limited to six months for reimbursement of dental premiums for mandatory cancellations and/or deletions to employees' dental coverage. Please refer to PML 2005-024.

### DENTAL PROGRAM DELETION OF SPOUSE OR DOMESTIC PARTNER

Permitting Event	Permitting Event Code	Permitting Event Date	Effective Date of Action	Time Limit to File Document
Spouse or domestic partner obtains other group coverage (NOT Statesponsored plan).	24a	Date other coverage begins	Standard	No time limit
Spouse or domestic partner moves out of household (may not re-enroll as dependent until open enrollment).	24b	Date of move	Standard	No time limit (spouse not eligible for COBRA)
Divorce or termination of a domestic partnership (Mandatory Deletion) (May include deletion of step children [divorce] or economically dependent children [Domestic Partnership] on same document).	27a	Date of divorce	Mandatory (*) (**)	No time limit (spouse eligible for COBRA)
Death of Spouse or domestic partner (Mandatory Deletion).	27b 27c	Date of Death	Mandatory (*)	No time limit
Spouse or domestic partner entering military service.	27d	Date of entry	Standard	No time limit
Spouse or domestic partner enrolling as an employee in a State-sponsored plan (Mandatory Deletion).	-	Day before new coverage begins	Mandatory (*)	No time limit

- (\*) No time limit but document should be processed promptly. Employees will be responsible for any claims incurred on or after the effective date for retroactive mandatory deletions. Retroactive processing is limited to six months for reimbursement of dental premiums for mandatory cancellations and/or deletions to employees' dental coverage. Please refer to PML 2005-024.
- (\*\*) Requires copy of final divorce decree, dissolution of marriage court document, or termination of domestic partnership documentation, which should be maintained in the employee's personnel folder.

# DENTAL PROGRAM PERMANENT INTERMITTENT - ENROLLMENT/CANCELLATION

Permitting Event	Permitting Event Code	Permitting Event Date	Effective Date of Action	Time Limit to File Document
New enrollment.	04	June 30 or December 31	First of the month after the STD. 692 is received by the employing department. (NOTE: Effective date can be no earlier than February 1 or August 1)	60 days from the end of the control period
Employee Appointed P.I. reinstatement from retirement to active P.I. employment status.	04a	Date of reinstatement from retirement	First of the month following reinstatement date	60 days from reinstatement date
Cancellation due to loss of eligibility.	39	June 30 or December 31	August 1 or February 1	60 days from the event (eligible for COBRA)

# DENTAL PROGRAM MISCELLANEOUS ENROLLMENT

Permitting Event	Permitting Event Code	Permitting Event Date	Effective Date of Action	Time Limit to File Document
Deleting <u>all</u> family members (no reason for request needed). (*)	25	Date STD. 692 signed	Standard	No time limit
Employee and/or dependent enrolled but not eligible or dual and/or split coverage exists.	42	Date of original enrollment or dual and/or split coverage began	Date of original enrollment or dual and/or split coverage	No time limit
Newly hired eligible employees terminated due to layoff then rehired within 36 months under stated policy conditions.	01a	Date of Rehire	Standard	60 days from rehire date

<sup>(\*)</sup> Employee may not re-enroll dependents until open enrollment period.

## DENTAL PROGRAM CHANGE OF DENTAL PLAN

Permitting Event	Permitting Event Code	Permitting Event Date	Effective Date of Action	Time Limit to File Document
Upon return to active pay status after being off during the entire open enrollment period.	31	Date of return to active pay status	Standard	60 days from event
Moving <u>out of</u> group practice plan or service cancellation.	34	Date of move or service change	Standard	31 days prior to move; no time limit after move
Moving into group practice plan service area or service added.	35	Date of move or service change	Standard	31 days prior to event; 60 days after event
Change in bargaining unit or employee designation <b>and</b> new dental plan options available or change required.  (*)	40	Effective date of change	Standard	No time limit

<sup>(\*)</sup> No time limit but document should be processed promptly. The Personnel should ensure that employee's who transfer in from another department or have a CBID change are enrolled in the correct dental plan based on their CBID, e.g., State Plan or Union Plan.

### **DENTAL PROGRAM**

### **OPEN ENROLLMENT PERIOD**

Permitting Event	Permitting Event Code	Permitting Event Date	Effective Date of Action	Time Limit to File Document
New Enrollment	03	First day of open enrollment period for all	January 1st of the following year for all	Refer to specific open enrollment instructions which are provided to
Addition/deletion of a dependent(s) (*)	15	open enrollment transactions.	open enrollment transactions	departments prior to the open enrollment period.
Change of plan.	28			
Change of plan <u>and</u> addition/deletion of dependent(s). (*)	29			

<sup>(\*)</sup> Can be processed on one enrollment form.

#### **DENTAL PROGRAM**

### **CANCELLATION OF ALL COVERAGE**

Permitting Event	Permitting Event Code	Permitting Event Date	Effective Date of Action	Time Limit to File Document
Voluntary  Employment status changes to less than one-half time.	36a 38	Date signed  Date status changes	Standard (*)  1st day of the <u>second</u> month following the  event	No time limit  No time limit (eligible for COBRA)

<sup>(\*)</sup> Employees who voluntarily cancel dental coverage may not re-enroll in a dental plan until a dental open enrollment period, unless there is a family status change. If employee is enrolling in FlexElect/CoBen Dental Cash Option, than the cancellation effective date <u>must be</u> the same as the FlexElect/CoBen effective date.